

RBHA FINANCIAL DISCLOSURE STATEMENT

NAME OF PREPARER: _____

DISCLOSURE STATEMENT FOR THE YEAR ENDED: _____

CONTRACT NUMBER: _____

I hereby attest that the information contained in the Disclosure Statement/Related Party Transactions is current, complete and accurate to the best of my knowledge. I also attest that these reported transactions are reasonable, will not impact on the fiscal soundness of the RBHA, and are without conflict of interest. I understand that whoever knowingly and willfully makes or causes to be made a false statement on the statement may be prosecuted under applicable federal and/or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the RBHA already participates in the agreement may terminate the agreement or contract with ADHS/DBHS.

Date Signed

Chief Financial Officer

DISCLOSURE OF OWNERSHIP AND CONTROL

The RBHA must obtain the following information regarding ownership and control as required by 42 CFR 455.106.

1a. Ownership: List the name, Date of Birth, Social Security Number and address of any individual with ownership or controlling interest in the RBHA.

Name	Date of Birth	Social Security #	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1b. Ownership: List the name, Tax Identification Number and Address of any corporation with an ownership or control interest in the RBHA. The address for corporate entities must include an applicable primary business address, every business location and P.O. Box address.

Name	Tax Identification #	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. RBHA Ownership List the persons (individual or corporation) with an ownership or control interest in the RBHA who is related to another person with ownership or control interest in the RBHA as a spouse, parent, child or sibling.

Name	Related to: Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the persons (individual or corporation) with an ownership or control interest in any subcontractor of the RBHA who has a 5% or more interest in the RBHA as a spouse, parent, child or sibling:

Name	Related to: Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Name of any other disclosing entity as defined in 42 CFR 455.101 in which an owner of the RBHA has an ownership or control interest.

Name of RBHA Owner	Entity Owned by RBHA Owner
_____	_____
_____	_____
_____	_____

5. Name, Date of Birth and Social Security number and address of any agent and managing employee (including Key Staff personnel) of the RBHA as defined in 42 CFR.101.

Name	Date of Birth	Social Security #	Address

6a. Ownership in Fiscal Agent: List the name, Date of Birth, Social Security Number and address of any individual with an ownership or controlling interest in the fiscal agent.

Name	Date of Birth	Social Security #	Address

6b. Ownership in Fiscal Agent: List the name, Tax Identification Number and Address of any corporation with an ownership or control interest in the fiscal agent. The address for corporate entities must include an applicable primary business address, every business location and P.O. Box address.

Name	Tax Identification #	Address

7. List the persons (individual or corporation) with an ownership or control interest in the fiscal agent who is related to another person with ownership or control interest in the fiscal agent as a spouse, parent, child or sibling.

Name	Related to: Name	Relationship

8. List the persons (individual or corporation) with an ownership or 5% or more control interest in any subcontractor of the fiscal agent who is related to another person with ownership or control in the fiscal agent as a spouse, parent, child or sibling.

Name	Related to: Name	Relationship

9. Name of any other disclosing entity as defined in 42 CFR 455.101 in which an owner of the Fiscal Agent has an ownership or control interest.

Name of Fiscal Agent Owner	Entity Owned by RBHA Owner

10. Name, Date of Birth and Social Security number and address of any agent and managing employee of the fiscal agent as defined in 42 CFR.101.

Name	Date of Birth	Social Security #	Address

11. Business Transactions: List the Ownership of any subcontractor with whom the RBHA has had business transactions totaling more than \$ 25,000 during the 2-month period ending on the date of the request:

Subcontractors	Type of Business Transaction with Subcontractor	Ownership	Dollar Amount of Transaction

12. Long –Term Business Transactions: List any significant business transactions, as defined in 42CFR 455.101, between the RBHA and any wholly-owned supplier or between the RBHA and any subcontractor ending on the date of the request:

Subcontractors	Type of Business Transaction with Subcontractor	Ownership	Dollar Amount of Transaction

13. Criminal Offenses: List the name of persons associated with the RBHA and its fiscal agents who has an ownership or control interest or managing employee interest who were determined to have been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid or the Title XXI services program.

Name	Yes: Appears on List of Excluded Individuals (LEIE)/System of Award Mgmt.(SAM)

14. Creditors: List the name and address of each creditor whose loans or mortgages exceed 5% of the total RBHA equity and secured by assets of the RBHA.
